Assessment and Treatment Options for Substance Abuse and Dependence

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The Three “C’s” of Addiction

• **Control**
  – Early social/recreational use
  – Eventual loss of control
  – Cognitive distortions (“denial”)

• **Compulsion**
  – Drug-seeking activities
  – Continued use despite adverse consequences

• **Chronic Condition**
  – Natural history of multiple relapses preceding stable recovery
  – Possible relapse after years of sobriety
Addiction = A Dog with a Bone

- It never wants to let go.
- It bugs you until it gets what you want.
- It never forgets when/where it is used to getting its bone.
- It thinks it’s going to get a bone anytime I do anything that reminds it of the bone.
Addiction Defined

• Drug Addiction is a complex illness. It is characterized by compulsive, obsessive and at times uncontrollable craving, seeking and use that persist even in the face of extremely negative consequences. Denial, minimizing and rationalizing the use and effects prolong the illness. For many, addiction becomes chronic, with relapses possible even after long periods of abstinence.
DSM-IV Criteria

• **Substance Abuse**: *(need 1 in 12 mo. Period)*

• Use leads to impairment or distress by:
  – Failure to fulfill major roles, obligations
  – Use in hazardous situations
  – Recurrent legal problems
  – Continued use despite problems
  – Symptoms never met criteria for substance dependency
DSM-IV Criteria

• **Substance Dependence**: *(need 3 in 12 mo. Period)*

• Use leads to impairment or distress by:
  – Tolerance
  – Withdrawal
  – Loss of control
  – Failed attempts at control or abstinence
  – Much time spent, getting, using or recovering
  – Given up or reduced job or recreational activity
  – Continued use despite known negative consequences
ASAM’s New Definition of Addiction

• Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
ASAM continued

- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
Common Sense Assessment

work
family
social
physical
legal
financial
spiritual
emotional
recreational
Issues Specific to the DUI Client

• Most clients don’t meet the diagnostic criteria for addiction/dependence
• Most clients aren’t expecting or interested in a “therapeutic intervention”
• Many clients are “at risk” for further progression of negative consequences
• Now is probably one of the best possible times to intervene if there is a problem

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Assessment Tools

- MAST, SMAST, SSAST, DAST, LAST,
- FAST
- CAGE, CAGE-AID
- AUDIT, ASSIST
- DSM-IV Diagnostic Criteria
- POSIT, SASSI
- CRAFFT
- Biological: e.g. liver function, history and physical exam, urine screens, saliva
Addiction and Dependency

• Brain impacted
• Cravings
• Tolerance
• Addiction

• Women’s pathways to alcohol and drug use, consequences of use, motivations for treatment, treatment needs and relapse factors are different from men.

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Tolerance and Addiction

- **Tolerance**
  - Increasingly larger amounts of drug are needed to produce the same effect

- **Addiction**
  - A state in which an organism engages in compulsive behavior
    - **Behavior is reinforcing**
    - **Loss of control in limiting intake**
  - Addiction is a cycle driven to use, feel remorse, use again
  - Obsession and Compulsion

- **Dependence**
  - A state in which an organism only functions normally in the presence of the drug. Manifests itself when the drug is removed.
Developmental Model of Addiction

• Experimentation: I will try it and make a decision about whether I continue to use
• Social use: I can take it or leave it, I have no problems as a result of my use
• Situational misuse: drugs and alcohol make me a better man in certain situations
• Problem use: I use to cope with everyday life issues, and I’m having problems
• Dependence: I continue to use despite known negative consequences, loss of control, blackouts, tolerance and withdrawal, lots of problems

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Put Simply

Addiction Results in physiological cravings that lead to obsession and compulsion regardless of consequences.

<table>
<thead>
<tr>
<th>Obsession</th>
<th>Thinking, planning, anticipating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsion</td>
<td>I have got to do it no matter what</td>
</tr>
<tr>
<td>Use</td>
<td>Relief from the need</td>
</tr>
<tr>
<td>Denial</td>
<td>I can handle “it”. “It” is no big deal.</td>
</tr>
<tr>
<td>Guilt and Shame</td>
<td>I did a bad thing. I am a bad person.</td>
</tr>
<tr>
<td>Return to Obsession</td>
<td>Using drugs is my number one priority.</td>
</tr>
</tbody>
</table>

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Common Drugs of Abuse
Cannabinoids

• Marijuana, hashish
• Intoxication effects:
  – Euphoria
• Impact on the body:
  – slowed thinking and reaction time, confusion, impaired coordination/balance, cough, respiratory infections, impaired memory/learning. Increased heart rate, anxiety, panic attacks, tolerance

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Depressants

• Barbiturates, benzodiazepines, methaqualone, GHB

• Intoxication effects
  – Reduced pain and anxiety, feeling of well-being, lowered inhibitions

• Impact on the body:
  – Memory loss, lowered blood pressure, respiratory arrest, depression, slurred speech, loss of consciousness coma, death

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Dissociative Anesthetics

- Ketamine and PCP
- Intoxication effects:
  - Altered states of perception and feeling
- Impact on the body:
  - Increased or decreased heart rate and blood pressure, impaired motor function, memory loss, delirium, panic, aggression, violence and depression
Hallucinogens

• LSD, Mescaline, Psilocybin
• Intoxication effects:
  – Altered states of perception and feeling
• Impact on the body:
  – Nervousness, paranoia, sleeplessness, increased heart rate and blood pressure, persisting perception disorders
Opioids

• Codeine, fentanyl, vicoden, heroin, morphine and opium

• Intoxication effects:
  – Pain relief, euphoria

• Impact on the body:
  – Respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, tolerance, coma
Stimulants

• Amphetamine, cocaine, MDMA (ecstasy), methamphetamine, Ritalin, nicotine

• Intoxication effects:
  – Mild hallucinogenic effect, increased tactile sensitivity, feelings of exhilaration, increased mental alertness, increased energy, euphoria

• Impact on the body:
  – Rapid or irregular heart beat, loss of appetite, irritability, paranoia, impulsive behavior, respiratory failure, seizures, psychosis, cardiac arrest, neurological damage
Other Substances

• Anabolic Steroids
  – No intoxication effects:
  – Causes blood clotting, liver and kidney damage, hostility and aggression, reduced sperm production and linked to cancer

• Inhalants: (paint thinners, glue, gasoline)
  – Stimulation, loss of inhibition
  – Causes headaches, nausea, vomiting, loss of motor coordination, depression, cardio damage and sudden death
When to be Suspicious

- Unexplained changes in appearance, attitude and overall health
- Persistent tension in relationships
- Drug seeking behavior
- Loss prescriptions
- Chronic pain complaints
- Unexplained weight loss
- Missed appointments
- Lying or inconsistencies in self-report
- “Slippery” people, places and activities

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Physical complaints often associated with using

- Stress related illnesses
- Intestinal illnesses
- Heart problems
- Depression
- Accidents
- Fights
- Anxiety

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How to Confront

• Tell the truth
• Be specific
• Use “I” Statements
• Practice first
• Don’t attack
• Have recommendations
• Get others involved

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Defining Recovery

- Recovery is a verb, not a noun
- Recovery is a process not an event
- Most people who try to get clean fail
- Recovery in difficult
- Recovery is Bio-Psycho -Social- Spiritual
- Recovery is “taking good care of yourself”
Recovery is....

... the will to extend oneself for the purpose of nurturing one’s own or another’s Spiritual Growth.

M. Scott Peck
The Road Less Traveled
Developmental Model of Recovery

- Transitional: I have a problem but I can control it.
- Stabilization: I can’t control AOD and I need to learn how to not use, manage withdrawal symptoms, deal with grief.
- Early recovery: CHANGE playmates, playgrounds and playthings, add principles and values.
- Middle recovery: BALANCE: Recovery with Life.
- Late recovery: deal with unresolved childhood issues, trauma, and psychiatric issues.
- Maintenance: continue to nurture bio-psycho-social and spiritual growth.

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Stigmas

• Alcohol and drug abuse have many negative connotations in our society. For many, drug abuse is perceived to result from lack of willpower, laziness, or selfishness. Sadly, these erroneous perceptions also extend to a group extremely vulnerable to drug abuse – people with mental disorders.
Responsible and Careful Assessment

- To begin treatment based solely on the appearance of psychiatric symptoms denies the person accurate diagnosis.
- Need to distinguish between substance use disorder, substance-induced problems, self medication of a primary mental disorder, or true dual diagnosis.
- Careful assessment rather than reactive treatment of presenting symptoms.
- Pharmacological and psychosocial aspects of addiction can mimic psychiatric disorders.
- What can appear to be a significant major depression can dissipate decisively with abstinence and recovery. It is equally important to avoid persistent admonition to not drink and “go to meetings” if there is a primary depressive disorder, which the client attempts to self medicate with alcohol. ~ David Mee-Lee
Opportunities for Interventions

- Building Self-Efficacy and engagement strategies
- Screening
- Opportunity for Interventions (services, referrals, funding)
- Co-locating services
- Funded integrated quality treatment
- Recovery/employment retention support services
- Employment and Family/Survival Resources
- Accountability
- Outreach for Sanctioned Families
Working Together

- Evaluate current status of planning, policies and programs to address substance abuse and mental health employment barriers
- Assess new opportunities and challenges related to reauthorization – use this opportunity to plan for system improvements
- Prevent or eliminate policies designed for individual or program failure
- Compassion and respect
Treatment Can be Effective

- Drug treatment reduces drug use by 40-60%
- Treatment does not have to be voluntary to be effective.
- Family influences can help facilitate entry and engagement in the treatment process
- Lack of family support has been implemented in poor compliance with treatment recommendations.
Treatment Options

• Detox
• Inpatient
• Residential
• Partial hospitalization, (PHP or Day Tx)
• Intensive Outpatient
• Sober Living Environments
• Self Help Support Groups
• Individual counseling

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Choosing the Right Program

- There are several different levels of care, including full hospitalizations, partial hospitalizations, and out patient treatment. The need for hospitalization depends on the nature and severity of illness, the associated risk or complication, and personal treatment history. Because both illnesses are treated at the same time, a person needs to be able to take psychiatric medications while treating the substance abuse. So choosing the right program is crucial for successful outcomes.
AOS Programs

• Programs that offer Addiction-Only Services (AOS)

Some addiction treatment programs cannot accommodate patients with psychiatric illnesses that require ongoing treatment, however stable the illness and however well functioning the individual. Such programs are said to provide Addiction-Only Services (AOS).
DDC Programs

• Dual Diagnosis Capable (DDC) Programs

Dual Diagnosis Capable (DDC) programs routinely accept individuals who have co-occurring mental and substance-related disorders. DDC programs can meet such patient’s needs so long as their psychiatric disorders are sufficiently stabilized and the individuals are capable of independent functioning to such a degree that their mental disorders do not interfere with participation in addiction treatment.
DDE Programs

• Dual Diagnosis Enhanced (DDE) Programs

DDE programs can accommodate individuals with dual diagnoses who may be unstable or disabled to such an extent that specific psychiatric and mental health support, monitoring, and accommodation are necessary in order for the individual to participate in addiction treatment. Such patients are not so acute or impaired as to present a severe danger to self or others, nor do they require 24-hour, intensive psychiatric supervision.
Treatment Providers Should:

- Take good history — A definitive psychiatric diagnosis by history requires the psychiatric symptoms to have occurred during drug-free periods of time and/or to have preceded the beginning of addiction problems.

- Observe the client for a sufficient time drug-free — Shorter time for objective, psychotic symptoms; longer for subjective, affective symptoms. Clients are encouraged to try non-drug ways of coping such as active involvement in a recovery program that incorporates self/mutual help meetings, tools, techniques, and a wide variety of non-drug coping responses to help clients deal with the stresses of everyday living.

- If there is evidence of a documented co-occurring mental disorder, then no drug-free period is necessary.
Typical Response to Treatment

• Dual diagnosis clients were more often discharged due to determinations that the individuals were inappropriate for the treatment program or for program decisions related to patient non-compliance with rules.

• Substance abuse clients were more likely to be transferred to another level of service or referred out of the system for alternative services.

• In one study the two groups were equivalent in the percentage of clients who completed treatment, when placed in the appropriate clinical setting.
Recovery and Relapse Calendar

- Jagged lines represent using AOD or other self-defeating behavior
- Straight lines indicate abstinence
- Indicate when the client was abstinent and when s/he was using
- Have client “name” each period explaining why they used and why they stopped
- Track a different diagnosis on the same calendar in a different color, look for connections
Recovery and Relapse Calendar

<table>
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<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
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## Sub-Groups of Dual Diagnosis Client Types

<table>
<thead>
<tr>
<th>Psychiatric High</th>
<th>Psychiatric Low</th>
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<tbody>
<tr>
<td>Substance High</td>
<td>Substance High</td>
</tr>
<tr>
<td>Serious &amp; persistent mental illness with substance dependence</td>
<td>Substance dependence with some psychiatric complications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatric High</th>
<th>Psychiatric Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Low</td>
<td>Substance Low</td>
</tr>
<tr>
<td>Serious and persistent mental illness with substance abuse</td>
<td>Mild psychopathology with substance abuse</td>
</tr>
</tbody>
</table>
Principles of Effective Treatment

• No single treatment is appropriate for all individuals.
• Treatment needs to be readily available.
• Effective treatment attends to multiple needs of the individual, not just his or her drug use.
• An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
• Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
• Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
• Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
Principles of Effective Treatment

• Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
• Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
• Treatment does not need to be voluntary to be effective.
• Possible drug use during treatment must be monitored continuously.
• Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
• Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.